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APPLICANTS

Amir Chaboki, Minneapolis, MN;

Reed A. McPeak, Vadnais Heights, MN;

Michael R. Triviski, Oakdale, MN; Steven R. Zelenak, Champlin, MN;

SM ** CONTINUING DATA *****

NONE

JM ** FOREIGN APPLICATIONS *****

NONE

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		
Verified and Acknowledged				

ADDRESS

24113

PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.

4800 IDS CENTER

80 SOUTH 8TH STREET

MINNEAPOLIS , MN

55402-2100

TITLE

Transverse plasma injector ignitor

FILING FEE RECEIVED 1524	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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